

State of California—Health and Human Services Agency Department of Health Care Services



March 30, 2022

Mr. James G. Scott, Director Division of Program Operations Medicaid and CHIP Operations Group Centers for Medicare & Medicaid Services 601 East 12th Street, Suite 0300 Kansas City, MO 64106-2898

STATE PLAN AMENDMENT 22-0024: PEER SUPPORT SPECIALISTS

Dear Mr. Scott:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 22-0024 for your review and approval. SPA 22-0024 proposes to remove "in recovery" from the definition of a Peer Support Specialist. The purpose of this correction is to align with the required Medi-Cal Peer Support Specialist Certification Program, which requires Peer Support Specialists to be in recovery themselves or have lived experience with the process of recovery as a parent, caregiver, or family member.

As recently approved by the Centers for Medicare and Medicaid Services (CMS) through SPAs 20-0006-A, 21-0051, and 21-0058, effective July 1, 2022, Peer Support Specialists will be able to provide Peer Support Services as a Medi-Cal Specialty Mental Health Service, Drug Medi-Cal and/or Drug Medi-Cal Organized Delivery System service in counties opting to participate in the Medi-Cal Peer Support Specialist Certification Program.

Included in this submission are the following:

- CMS 179 Form
- Tribal Notice
- Standard Funding Questions
- Supplement 2 to Attachment 3.1-B, page 14.b
- Supplement 3 to Attachment 3.1-A, pages 2m.2, 6m, and 6.a
- Supplement 3 to Attachment 3.1-B, pages 4m and 4.b

In compliance with the American Recovery and Reinvestment Act of 2009, DHCS routinely notifies Indian Health Programs and Urban Indian Organizations of SPAs that have a direct impact on the programs and organizations. DHCS released the Tribal Notice on February 23, 2022.

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DHCS anticipates the federal budget impact for Federal Fiscal Year (FFY) 2021-2022 and 2022-2023 to be \$0.

If you have any questions or need additional information, please contact Shaina Zurlin, Chief, Medi-Cal Behavioral Health Division, at (916) 584-3810 or by email at Shaina.Zurlin@dhcs.ca.gov

Sincerely,



Jacey Cooper State Medicaid Director Chief Deputy Director Health Care Programs

Enclosures

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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | 1. TRANSMITTAL NUMBER | |
| FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 3. PROGRAM IDENTIFICATION: TITLE C | OF THE SOCIAL |
| | SECURITY ACT XIX | XXI |
| TO: CENTER DIRECTOR | 4. PROPOSED EFFECTIVE DATE | |
| CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | | |
| 5. FEDERAL STATUTE/REGULATION CITATION | 6. FEDERAL BUDGET IMPACT (Amou | |
| | a. FFY\$\$ b. FFY \$ | |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT | 8. PAGE NUMBER OF THE SUPERSE OR ATTACHMENT (If Applicable) | DED PLAN SECTION |
| | | |
| 9. SUBJECT OF AMENDMENT | | |
| | | |
| 10. GOVERNOR'S REVIEW (Check One) | | |
| GOVERNOR'S OFFICE REPORTED NO COMMENT | OTHER, AS SPECIFIED: | |
| COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | Please note: The Governor's Office the State Plan Amendment. | ce does not wish to review |
| 11. SIGNATURE OF STATE AGENCY OFFICIAL | 15. RETURN TO | |
| 12. TYPED NAME | | |
| 13. TITLE | | |
| 14. DATE SUBMITTED March 30, 2022 | | |
| FOR CMS U | JSE ONLY | |
| 16. DATE RECEIVED | 17. DATE APPROVED | |
| PLAN APPROVED - O | | |
| 18. EFFECTIVE DATE OF APPROVED MATERIAL | 19. SIGNATURE OF APPROVING OFFIC | IAL |
| 20. TYPED NAME OF APPROVING OFFICIAL | 21. TITLE OF APPROVING OFFICIAL | |
| 22. REMARKS | | |
| | | |

SUPPLEMENT 2 TO ATTACHMENT 3.1-B

Page 14.b

Provider Qualifications: A Peer Support Specialist is an individual with a current State-approved Medi-Cal Peer Support Specialist Certification Program certification and must meet ongoing education requirements. Peer Support Specialists provides services under the direction of a Behavioral Health Professional.

*Peer Support Services will be implemented and have an effective date of July 1, 2022.

TN No: 22-0024 Supersedes TN No: 21-0051

SUPPLEMENT 3 TO ATTACHMENT 3.1-A

Page 2m.2

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Page 6.a

Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT), and licensed-eligible practitioner working under the supervision of a licensed clinician.

M = Medical director of a Narcotic Treatment Program

The medical director of a Narcotic Treatment Program is a licensed physician in the State of California

P = Peer Support Specialist

A Peer Support Specialist is an individual with a current State-approved Medi-Cal Peer Support Specialist Certification Program certification and must meet ongoing education requirements. Peer Support Specialists provide services under the direction of a Behavioral Health Professional.

Notes

* The physical examination shall be conducted by an LPHA in accordance within their scope of practice and licensure. An SUD diagnosis may only be made by an LPHA.

SUBSTANCE USE DISORDER TREATMENT LEVELS OF CARE

1. Intensive Outpatient Treatment Services are provided to beneficiaries when medically necessary in a structured programming environment.

Intensive Outpatient Treatment includes the following service components:

- Assessment (as defined above)
- Individual Counseling (as defined above)
- Group Counseling (as defined above)
- Patient Education (as defined above)
- Medication Services (as defined above)
- MAT for OUD (as defined in Supplement 7 to Attachment 3.1-A)
- SUD Crisis Intervention Services (as defined above)
- 2. Narcotic Treatment Program is an outpatient program that provides FDA-drugs approved to treat SUDs when ordered by a physician as medically necessary. NTPs are required to offer and prescribe medications including methadone, buprenorphine, naloxone and disulfiram. NTPs shall offer adequate counseling services to each beneficiary as clinically necessary.

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PRACTITIONER QUALIFICATIONS

| | Expanded SUD Treatment Services | | | | | | | | | | | |
|--|---------------------------------|----------------------------|------------------------|-------------------|---|--------------------------|------------------------|----------------------|-----------------------------|-------------|----------------------|--|
| | Assessment * | Care Coordination ** | Crisis Intervention | Family Therapy | Counseling (Individual and Group) | Medical Psychotherapy | Medication Services | Patient Education | Peer Support Services | Observation | Recovery Services | Prescribing and Monitoring of MAT for AUD and Other Non- Opioid Substance Use Disorders |
| Practitio ner Qualific ations | C, L* | C, L | C, L | L | C, L | M | L | C, L | P | C, L | C, L | L*** |

C = Counselors

An Alcohol or other drug (AOD) counselor that is either certified or registered by an organization that is recognized by the Department of Health Care Services and accredited with the National Commission for Certifying Agencies (NCCA).

L = Licensed Practitioner of the Healing Arts

A Licensed Practitioner of the Healing Arts (LPHA) include any of the following: Physician, Nurse Practitioner (NP), Physician Assistant (PA), Registered Nurse, Registered Pharmacist, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT), and licensed-eligible practitioner working under the supervision of a licensed clinician.

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Page 4.b

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